Effective October 1, 2003 10 7 9 6360												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTIT												R THAN
TOTAL CLAIMS			27					RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		*.	BASIC F	EE 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			7-7 minus 20=		• 7			XS 9=		OR	X\$18=	1~6
INDEPENDENT CLAIMS			5 minus 3'=		. 9-		l	X43=	<del></del>	┪┈	Voc	112
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT							-IOR	<del></del>	<del>                                     </del>
* If the difference in column 1 is less than zero, enter *						column 2	' [	+145=		OR	+290=	101 7
			TOTAL	٠ ـــــــ	JOR	TOTAL	1067					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMAL	LENTITY	OR	OTHER SMALL	
AMENDMENT A	2-12-07	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 26	Minus	- á	77	•		X\$ 9=		OR	X\$18=	
	Independent	• 5	Minus	•••	5	8		X43≈		OR	X86=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			+145=		OR	+290=	
							L	TOTA			YOTAL	
A		(Column 1)		(Colum	m 2)	(Column 3)	•	DDIT. FEI	: L	J - · · ·	ADDIT. FEE	
AMENOMENT B	7-31-07	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 17	Minus	-20	0	• 0		X\$ 9=		OR	X\$18=	0
	Independent	pendent - 3 Minus - F		2	•		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEI	PENDENT	CLAIM	<u></u>		+145=		OR	+290=	
							. A	TOTAL		OR	YOYAL NDOIT, PEE	$\bigcirc$
		(Column 1)		(Colum		(Column 3)		·				
3 I	•	CLAIMS REMAINING AFTER AMENDMENT	•	NUMBI PREVIOL PAID FI	er Jsly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		•		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	-400		•	十	X43=		OR	X86=	
	FIRST PRESE	十		-								
* If the entry in column 1 is less than the entry in column 2, write "o' in column 3.  * If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.*  Approx see												
	the "Highest Nu	moer Previously Pa moer Previously Paid ber Previously Paid	id For IN THI	S SPACE is	less ther	.3. enter "3."		DOT. FEE d in the ap	propriaté box		IDDIT. FEEL IMN 1.	
	:						• •		•			

Application or Docket Number